

## EMPLOYEE CHEMICAL TEST REQUEST

(To be completed by supervisor, manager, or director who requests/orders an employee chemical test)

1. What person or persons has knowledge of events leading to the request for a chemical test?

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2. Name of employee requested to submit to testing: \_\_\_\_\_

3. Date/Time of Request: \_\_\_\_\_

4. Basis of request (Check all that apply):

\_\_\_ a. Observed behavior, symptoms

\_\_\_ b. Circumstances or events. Describe or state where they are recorded:

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\_\_\_ c. Reports from others

\_\_\_ d. Employee's history

\_\_\_ e. Employee's statements

5. Person making request: \_\_\_\_\_

6. Others present: \_\_\_\_\_

(To process the chemical test, use the "Chemical Test Form" and the Drug & Alcohol Use Policy)

**UPON COMPLETION, SEND THIS FORM TO THE HUMAN RESOURCES OFFICE.**